## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

## Application or Docket Number 10/042/96

| CLAIMS AS FILED - PART I   |  |   |                                   |                                      |                        |                                   |                   |                    |               |       | _                   |               |
|--|--|---|-----------------------------------|--------------------------------------|------------------------|-----------------------------------|-------------------|--------------------|---------------|-------|---------------------|---------------|
|  |  | OLAIII.O7   |                                   |                                      |                        | lumn 2)                           | SMALL ENTITY TYPE |                    | 0.0           |       | NAHT F              |               |
| TOTAL CLAIMS   |  |   | 17                                | 7                                    |                        | (Soldmin 2)                       |                   |                    |               | OF    | _                   | ENTITY        |
| FOR  |  |   |                                   | NIMBED EVED                          |                        | AH (MOSE) SYSTEM                  |                   | RATE               |               |       | RATE                | FEE           |
|  |  |   | NOWRE                             | NUMBER FILED                         |                        | NUMBER EXTRA                      |                   | BASIC F            | EE 370.0      | OR    | BASIC FEE           | 740.00        |
| TOTAL CHARGEABLE CLAIMS  |  |   | /1 - 17                           | /i - minus 20=                       |                        | *                                 |                   | X\$ 9=             |               | OF    | X\$18=              |               |
| INDEPENDENT CLAIMS   |  |   |                                   |                                      | <u> </u>               | ·                                 |                   | X42=               |               | OR    | X84=                |               |
| LM   | ULTIPLE DEPE                                   | ENDENT CLAIM                                      | PRESENT                           |                                      |                        |                                   |                   | +140=              |               | OR    | +280=               |               |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                   |                                      |                        | column 2                          |                   | TOTAL              |               | OR    | L                   |               |
| CLAIMS AS AMENDED - PART II  |  |   |                                   |                                      |                        |                                   | 101112            | <u> </u>           |               | OTHER | THAN                |               |
|  |  | (Column 1)  |                                   | (Column 2) (Column 3)                |                        |                                   |                   | SMALL              | ENTITY        | OR    | SMALL               | •             |
| d  | CLAIMS HIGHEST                                 |   |                                   |                                      |                        |                                   | 1 1               |                    | ADDI-         | 7     |                     | ADDI-         |
| E  |  | AFTER AMENDMENT                                   |                                   | PREVIO                               | YJSUK                  | PRESENT<br>EXTRA                  |                   | RATE               | TIONAL<br>FEE |       | RATE                | TIONAL<br>FEE |
| AMENDMENT A  | Total  | . 3   | Minus                             | * 6                                  | 20                     | =                                 |                   | X\$ 9=             | 1             | OR    | X\$18₹              |               |
| É  | Independent                                    | *   | Minus                             | ***                                  | 3                      | =                                 |                   | X42=               | <del> </del>  | 1     | X84=                |               |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                                      |                        |                                   |                   |                    | <del> </del>  | PORT  | 7.0                 |               |
|  |  |   |                                   |                                      |                        | ,                                 |                   | +140=              |               | On-   | -+ <del>280=</del>  | _             |
|  |  |   |                                   |                                      |                        |                                   | Δ                 | TOTAL<br>DDIT. FEE |               | OR    | TOTAL<br>ADDIT, FEE |               |
| (Column 1) (Column 2) (Column 8)   |  |   |                                   |                                      |                        |                                   |                   |                    |               |       | -DOM: I CE          |               |
| 8  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT         |                                   | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER                     | PRESENT                           | $  \lceil$        | DATE               | ADDI-         | 7 [   |                     | ADD!          |
| EN   |  |   |                                   |                                      |                        | EXTRA                             | 11                | RATE               | TIONAL<br>FEE |       | RATE                | TIONAL<br>FEE |
| AMENDMENT B  | Total  | *   | Minus                             | **                                   |                        | =                                 |                   | X\$ 9=             | İ             | OR    | X\$18=              |               |
| AME  | Independent                                    | *   | Minus                             | ***                                  |                        | =                                 |                   | X42=               |               | OR    | X84=                | ,             |
|  | FIRST PRESE                                    | NTATION OF MI                                     | JUTIPLE DE                        | PENDENT (                            | CLAIM                  |                                   |                   | +140=              |               | 1 1   | .000                |               |
|  |  |   |                                   |                                      |                        |                                   | L                 |                    |               | OR    | +280=               |               |
|  |  |   |                                   |                                      |                        |                                   | AI                | TOTAL<br>DDIT, FEE |               | OR ,  | TOTAL<br>DDIT. FEE  |               |
|  | ·  | (Column 1)  |                                   | (Colum                               |                        | (Column 3)                        |                   |                    |               |       |                     |               |
| ပ  |  | CLAIMS<br>REMAINING                               |                                   | HIGHE                                |                        | PRESENT                           | ſ                 |                    | ADDI-         | . F   |                     | ADDI-         |
|  |  | AFTER<br>AMENDMENT                                |                                   | PREVIOU<br>PAID FO                   |                        | EXTRA                             |                   | RATE               | TIONAL<br>FEE |       | RATE                | TIONAL        |
|  | Total  | *   | Minus                             | **                                   |                        | =                                 |                   | X\$ 9=             | 1 1-1-        | OR    | X\$18=              |               |
| 5 L  | Independent                                    | *   | Minus                             | ***                                  |                        | =                                 | ⊢                 | X42=               |               |       | X84=                |               |
| 1  | FIRST PRESE                                    | NTATION OF MU                                     | ILTIPLE DEF                       | PENDENT C                            | CLAIM                  |                                   | -                 |                    |               | OR    |                     |               |
| t titha anta la anta da la la anta da la ant |  |   |                                   |                                      |                        |                                   |                   | +140=              | . 4           | OR    | +280=               |               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE  OR ADDIT. FEE   |  |   |                                   |                                      |                        |                                   |                   |                    |               |       |                     |               |
| ग  | ure Trignest Num<br>he "Highest Numi           | <b>nber Previously Pai</b><br>ber Previously Paid | ici For IN THIS<br>For" (Total or | s space is k<br>Independent          | ess than<br>) is the l | 3, enter "3."<br>nighest number ( |                   |                    | ropriate box  |       |                     |               |